

# Lakeside Cemetery Burial Record

Funeral date: \_\_\_\_\_

Permit No. \_\_\_\_\_

Service time: \_\_\_\_\_ Up: \_\_\_\_\_

Vet Service: Yes / No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Block	Lot	Grave/Niche	If CR, location

Calendar updated: \_\_\_\_\_

Remarks:

Vault:

Funeral Director:

<b>FULL / CREMAINS</b>	Resident	Nonresident
Chapel		
Graveside                      Tent ____		
Overtime                      M-F ____ Sat ____		
Greens/Chairs or Extras		
Add'l Cremains		
Grave / Niche Purchase		
Disinterment / Reinterment		
Other		
<b>TOTAL</b>		